Oral Hygiene

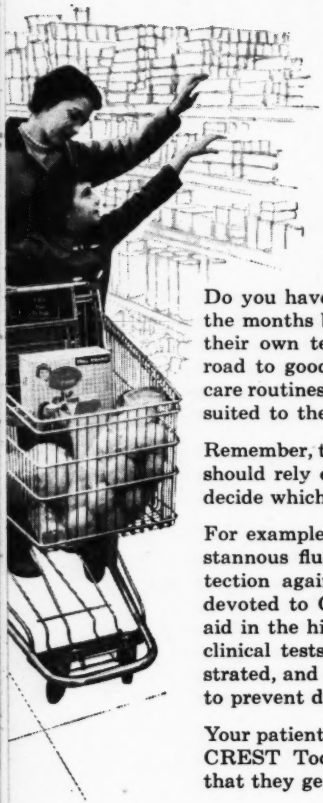
JULY 1958

The historic spring house at The Greenbrier, White Sulphur Springs, West Virginia, site of the annual meeting of the West Virginia State Dental Society from July 20 to 23.

In this issue:

SPEAKING WITH DENTURES

DO YOU LET YOUR PATIENTS CHOOSE THEIR OWN TOOTHPASTE?



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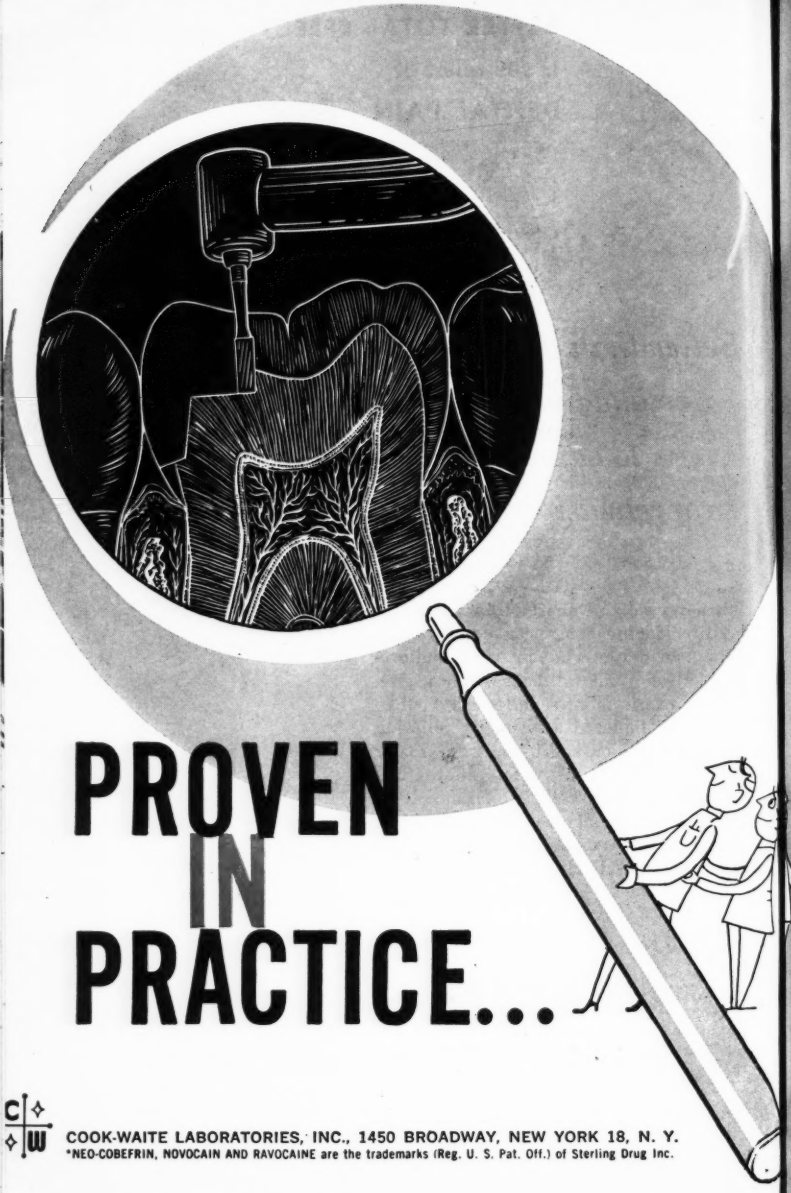

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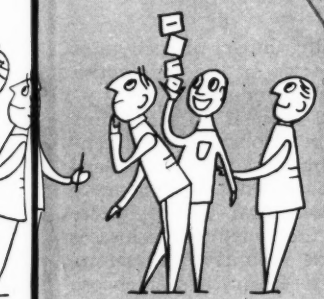

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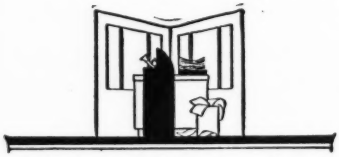

No. 444

Time To Stick Your Neck Out

BY R. O. EASTMAN

The writer's comments on today's scene reflect keen insight into current business conditions, bearing timely interest for CORNER *readers. Roy Eastman is head of The Eastman Research Organization, Inc., New York, and an old friend of Oral Hygiene Publications.*

IN A PERIOD OF RECESSION there are three great fallacies to be reckoned with.

The first is that it is a *general* business recession, something that sweeps across the country like the Asian flu, and that little or nothing can be done about it until it runs its course. In a measure this is true, due to the much greater interdependence of businesses, large and small, than ever before; due also to the far-reaching impact of such giant businesses as the automotive and steel industries.

Still there is no such thing as *general* business, or a general business recession. General business is nothing more nor less than the composite of all the individual businesses of the country. Therefore, your recession, if you choose to have one, is your own individual and personal affair.

Thus the extent and inten-

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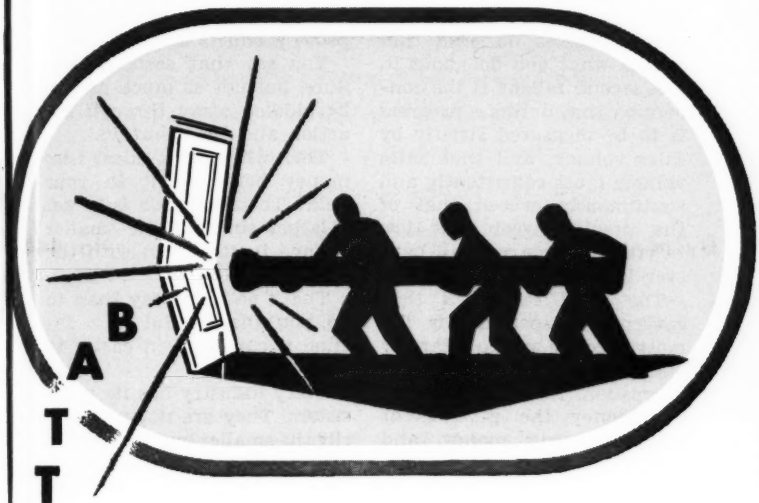

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sity of a "general" business recession depends, in the last analysis, on what the individual businesses do. And that means what *you* do about it.

A second fallacy is the conception that business progress is to be measured strictly by sales volume, and that sales volume must consistently and continuously exceed that of the previous year. Yet few businesses, large or small, have ever had such experience.

The third fallacy is that government spending is the most effective way to retard or alleviate a general business depression. Never forget that the money the government spends is *your* money, and that if it has to be spent you could do a much better job with it by spending it for yourself.

Now what does this add up to? We say it's time to stick your neck out. Forget about "general" business conditions, and concentrate on your own business and your own opportunity.

For every business recession offers opportunities to those who are smart enough and courageous enough to take advantage of them. The first, perhaps, is the opportunity to mend your fences, to do those things within your organization you know you should have done but haven't had the time to do. That's business progress of the most important kind. Strengthen your organization rather than weaken it. Improve products and service.

You say that costs money. Sure, but not as much as can be piddled away through inaction and deterioration.

Then what about sales? Less money being spent in your field? Then your job is to get a larger share of the smaller volume to stay even with the board.

That's easier to say than to do, you answer. But in a decline it *can be* even easier to do.

Every industry has its weak sisters. They are not necessarily the smaller businesses that are hanging on by their teeth, either. They're the ones who are weak in spirit. They are sitting tight waiting for the storm to blow over. They retrench. They fire their salesmen. They cut down on their advertising. In short, they pull their necks in and their customers are on their own.

Good time for you to make hay while their sun isn't shining. Much of what you gain, you'll keep.

There are thousands of businesses today that don't know there is any general recession except for what they read in the papers. Yours can be one of these.

It's time to stick your neck out.

SAVINGS you'll like . . . SIZES you need . . . SERVICE you wa

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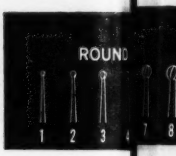

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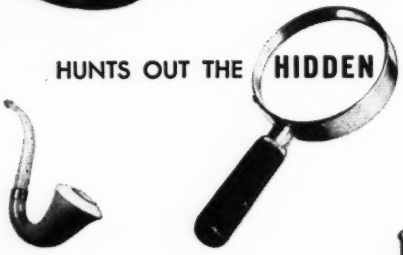

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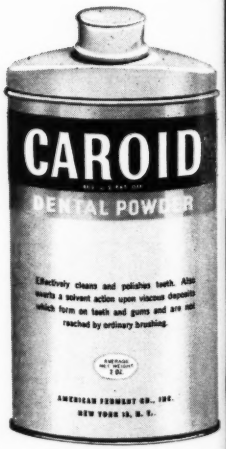

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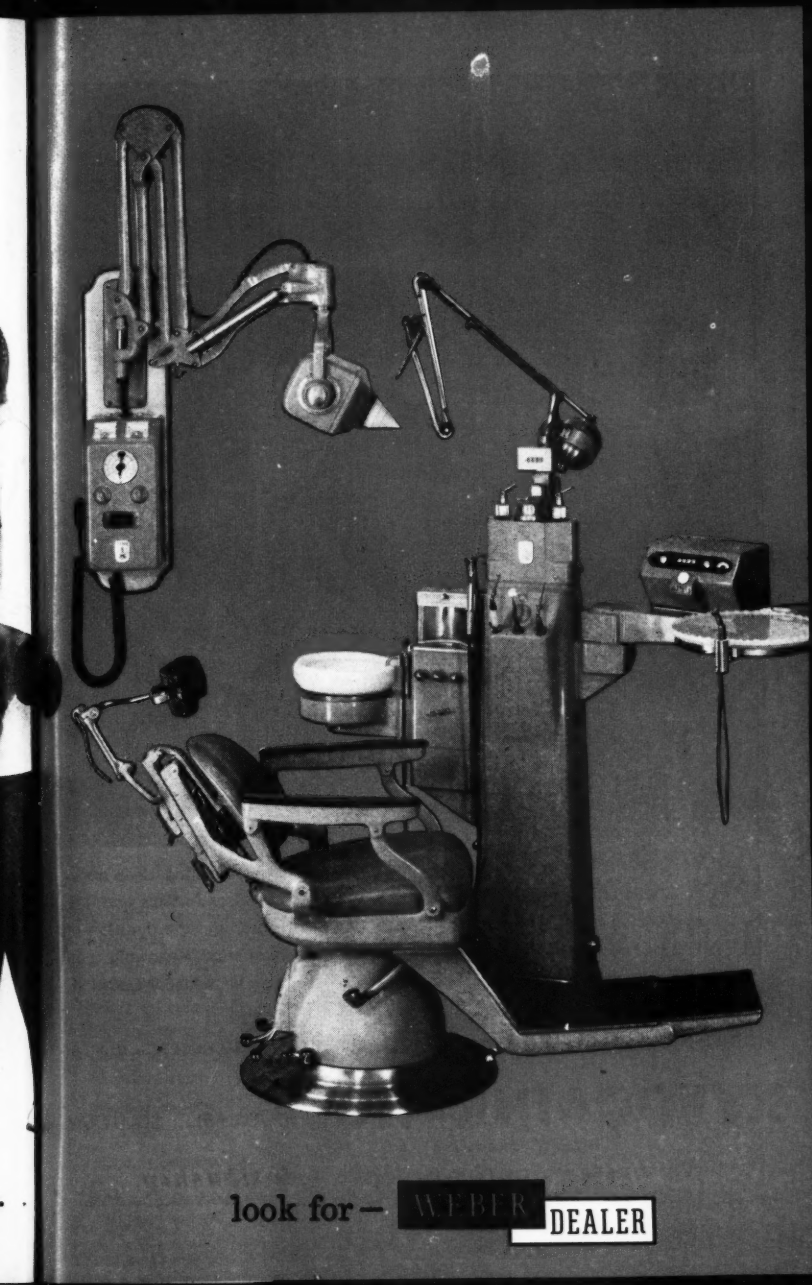
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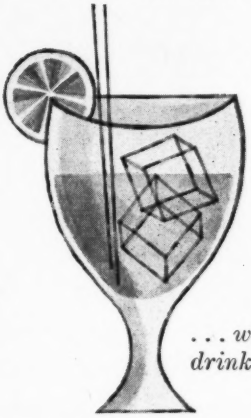
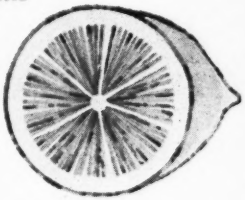
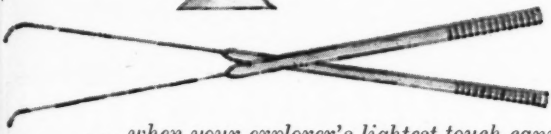
. . . when brushing is painful and poor mouth hygiene results





. . . when acid fruits are not fully enjoyed

. . . when hot or cold food and drink cannot be tolerated



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1. Abel, I.: Oral Surg. *11*:491, (May) 1958.

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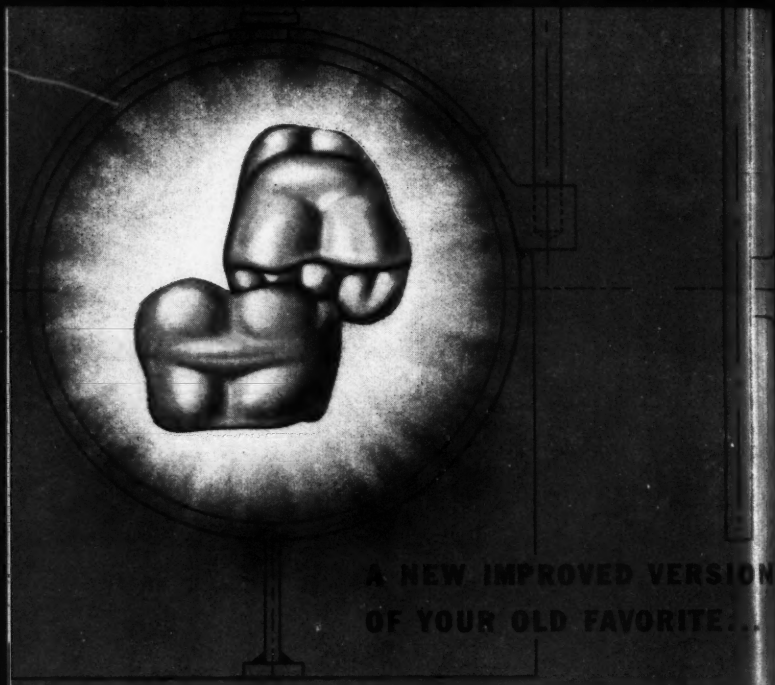

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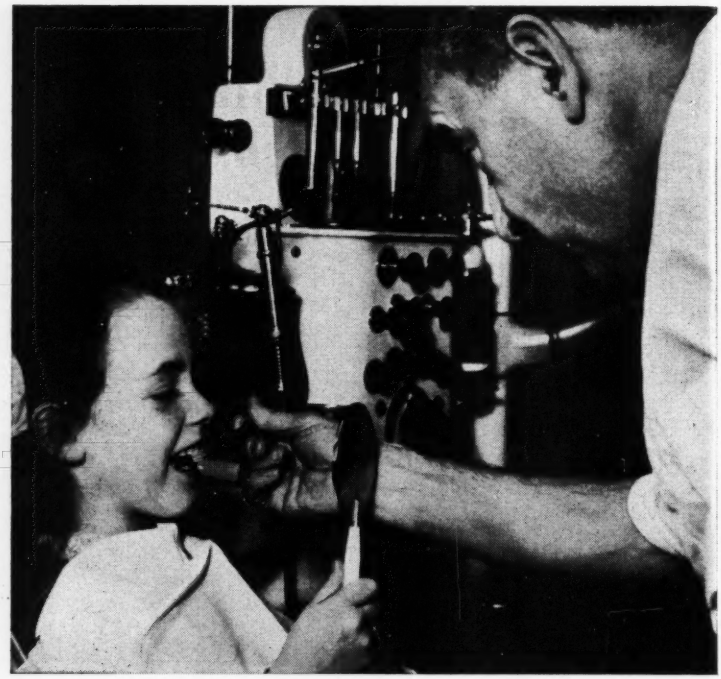

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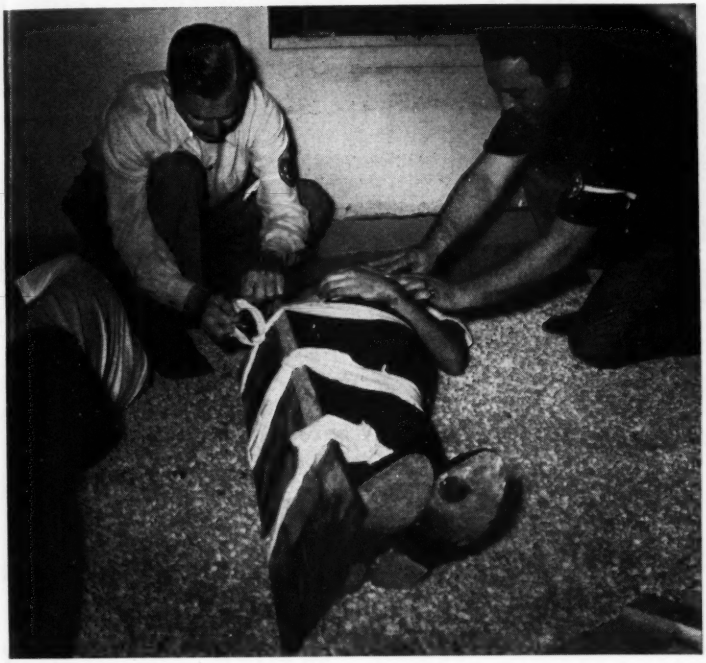
Picture of the Month



DOCTOR S. H. Dix, Miami, Florida, and Doctor Murray Smith of Miami Beach shown demonstrating First Aid in a Dade County Civil Defense rescue mission with the help of a Boy Scout. Both Doctors Dix and Murray, members of the Florida East Coast District Dental Society, are in training to become Red Cross First Aid instructors for the Dade County Civil Defense Council.—*Photograph by William M. Schiff, DDS, Miami, Florida.*

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Bring All Your Books and Records

PART ONE

BY ALLAN J. PARKER, LLB, LLM*

JOHN A. BROWN, DDS
203 Walnut Street
Blainsville, Indiana
Dear Sir:

This will inform you that your individual income tax return for the calendar year 1956 has been selected for investigation. Revenue Agent E. Smith will call upon you on March 31, 1958. . .

Please have available all your books and records.

Very truly yours,
ROBERT E. LEE
District Director of Internal Revenue

Will you be one of the more than two million individual taxpayers who will receive a similar communication from the Internal Revenue Service this year? Every year the chances that your return will be audited increase as additional mechanical and electronic equipment acquired by the Internal Revenue Service releases more revenue agents for field duty. This article will answer some of the questions that arise in connection with the audit of your tax return.

This is the first of a two-part article discussing the possibility of an income tax investigation, and how a dentist can cooperate with the revenue agent.

Perhaps the first question which Doctor Brown asks on receiving the foregoing communication is, "Why me?" Well, in part, who is audited is a matter of chance, but not pure chance. First of all, all tax returns are screened for mathematical accuracy. One in four contains an error, according to the Internal Revenue Service, and 90 per cent of these errors favor the taxpayer. Any underpayment of tax thereby discovered is immedi-

*Mr. Parker is a member of the New York Bar.

ately billed to the taxpayer. Overpayments are refunded. A taxpayer has no right to appeal a mere arithmetical error. He is either demonstrably right or wrong, and a court has nothing to decide.

Screening Process

On actually investigating the legal and factual accuracy of income tax returns, the Internal Revenue Service makes every effort to audit all individual tax returns showing gross income in excess of $25,000. There are only about 600,000 of these in the whole country each year. In the $15,000 to $25,000 gross income category the policy is to audit as many returns as the work load permits and to screen all returns carefully.

Returns showing a smaller gross income than $15,000 are subjected to a screening process. This simply means that an experienced revenue agent looks for anything on the return that seems out of line, meriting further investigation. For example, suppose young Doctor C with gross income of $6100 claims a deduction for "contributions to church — $1000." He may, of course, be an extremely dedicated churchgoer, but the Internal Revenue Service may well conclude that this return should be checked. Or large entertainment deductions, which may be perfectly acceptable for a salesman, would be questioned on the return of a schoolteacher. A tax return calling for a large refund increases the likelihood of audit. Finally, of course, there is always the possibility that an audit is brought on by an anonymous letter or telephone call from a spiteful neighbor, a disgruntled former employee, or even a dissatisfied patient, accusing the taxpayer of cheating on his taxes.

Sometimes the audit will be confined to what is known as a desk audit, wherein the taxpayer is requested to come down to the District Director's office with his cancelled checks, frequently those relating only to one or two points which the agent wishes to scrutinize—for example, the $1000 for contributions to the church claimed by Doctor C above.

Field Audit

For a dentist, or other professional man, such as Doctor Brown,

the other type of audit, known as a field audit, is more likely. This means that a revenue agent will come to Doctor Brown's office and ask to see his books and records, and check them against the figures on his return.

"What should I do when the agent comes?" asks Doctor Brown. Generally, the best policy is to cooperate freely with the agent, letting him see your books, bank statements, and cancelled checks. Ordinarily he has a legal right to see all your financial records.

"Should I call in my attorney or accountant?" Again, this depends on the facts of each case.

If you prepared your own tax return and pretty well understand your record-keeping system, it might not be necessary or even particularly desirable to call in outside assistance at this stage. It might only serve to arouse the agent's suspicions if an accountant were at his elbow.

On the other hand, if your return is a particularly complicated one, or your records are in such form that they require a good deal of explanation, professional assistance might be in order. Most important: Before you permit any revenue, agent to look at your books and records, ask to see his identification card. If this indicates that he is a "Special Agent" or from the "Intelligence Unit," stop in your tracks! This means that you are being subject to a tax fraud investigation, and you should immediately consult your attorney before the audit proceeds.

Adequate Records Helpful

It hardly needs to be pointed out that any tax audit will go more smoothly if your books and records are adequate, your deductions are substantiated by cancelled checks, vouchers, or receipts, and as little as possibe is left to the agent's acceptance of your oral statements. Sometimes, of course, you have to fill in the gaps. If so, be careful as to what you say. Two or three mistakes in answering questions, and the agent is going to begin to doubt your word on everything.

"Will my return be accepted as filed?" asks the Doctor. Sometimes, but it's a rare audit that results in no adjustments whatever. The adjustments which agents most commonly make in auditing individual tax returns generally concern themselves with errors of fact or allocation. For example, the agent handling Doctor Brown's audit insisted that an adjustment must be made for allocation of the expenses of upkeep of his home, where only part of the home was used for professional purposes.

Another frequent adjustment in the case of professional taxpayers is the erroneous claiming of a bad debt loss on nonpayment of fees. Unless a fee has been collected, its nonpayment is not a deductible loss—there simply is no income.

Depreciation is another fruitful

source of adjustments, with taxpayers frequently claiming what seems to the agent unreasonably short useful lives for property. Agents are generally unhappy with a useful life of less than ten years assigned to substantial items of dental equipment, and also may insist that some consideration be given to the salvage value of the unit at the end of the ten-year period.

Entertainment deductions sometimes are challenged. Doctor D claimed $400 country club dues and house charges as deductible professional entertaining of patients and referring dentists. But when he was unable to prove that he had acquired any substantial number of patients as a result of his membership in the club, a large part of this deduction was disallowed. Doctor E claimed to have spent $35 in entertaining a group of patients, actual or potential, at dinner and the theatre; but found the revenue agent gave him a quizzical smile when the only proof he could produce was a check made out to "Cash."

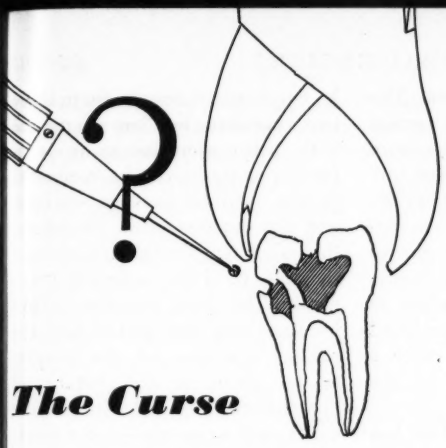
Not all adjustments are in the government's favor. The revenue agent informed Doctor F that he omitted to deduct attorney's fees in connection with one bill which he had to institute suit to collect.

"What about coming to a final settlement of my tax liability with the agent?" asks Doctor Brown. The chances of this are good. In fact, most audits result in final settlement of the case then and there with the revenue agent, who proceeds to recompute the tax with the agreed upon adjustments. The taxpayer simply signs a form and is billed for the additional tax assessment shortly thereafter. Usually, revenue agents themselves prefer to terminate the case.

Contrary to popular opinion, agents are not judged for promotion on the amount of additional money which they collect for the government, but on the speed and efficiency of their audits. For this reason, and also because they are human too, they are not anxious to make a federal case out of every audit. Consequently, they are willing to give the taxpayer the benefit of some pretty substantial doubts on some borderline items if their general impression is that he is honest and not too careless. However, since they are required to write up reports for their superiors, they may be reluctant to settle substantial items such as the existence of entertainment expenses simply on the basis of the taxpayer's unsupported say-so. Therefore, on any tax audit, the dentist who has taken the trouble to maintain careful and accurate records of his income and expense items will be amply repaid for his modest efforts.

Finally, what happens if you and the revenue agent cannot agree on your tax liability? A taxpayer is not required to accept the agent's determinations as final.

120 *Broadway*
New York 5



BY HAROLD GLUCK, PhD

The Curse of Patchwork Dentistry

I HAVE been in and out of enough dentists' offices to stagger the imagination of even a hardboiled cynic. The psychiatrists would say I suffered from a phobia. It was probably induced by taking one look at my grandmother's full upper and lower dentures resting comfortably in a tumbler full of water. Inwardly, I resolved never to wear those things. Perhaps you might call me a collector of dental items. I had fixed bridgework, removable bridgework, silver and gold fillings, gold foil, porcelain, cement, inlays—in fact anything the dentist would do at my request. I wanted my teeth in my mouth and the motto was, "Save the tooth if possible, never mind the expense or the risk."

Are you informing your patients about the importance of preventive dentistry?

Having met many dentists as well as their patients, I think a bit of reflecting about the headaches and heartaches of dentistry is not out of place. Most people who visit the dentist only go there when something is wrong with their teeth or gingivae. Either they have noticed a break in one of their teeth, or they have that feeling of pain and are resigned to having a tooth removed. They are somewhat thrilled when they learn that the tooth can be restored or "patched." And that is what is all wrong in the relationship between

the dentist and the patient. The dentist in the eyes of the person sitting in the chair is nothing more than a "patcher" who "fixes up" the aching tooth. The patient returns for another visit when another tooth in his mouth begins to register a complaint on the human nervous system. If the patient is "educated," he probably can boast that he visits the dentist twice a year for a check-up and for the semiannual cleaning.

We will say that John Doe has just left his dentist, satisfied with the restoration he received in his upper left first molar. Within a few weeks he begins to notice the gingival margin is red. Perhaps there is an overhanging margin on that restoration,which has irritated the tissue. This can cause gingivitis. The reason is simple. The overhanging margin permits a pocket to form in which the bacteria find a nice resting place and begin their deadly invasion.

Or John Doe may have a leaky restoration. There are many patients in the dentist's office. The hands of the clock are ticking around at a fast pace. For the small sum of money the patient is willing to pay, the treatment must be finished within a given time. To accomplish this, the dentist may have to sacrifice the really perfect job for one that will "do" for some time. Again "patchwork" rears its ugly head.

My complaint about dentistry is much more severe than these two examples. You can snap back with justification that in any profession or trade, you have efficient people, medium average workers, and the careless ones. Therefore, the indictment should only concern the concept of the inefficient treatment. The real problem arises because both the dentist and the patient conceive of the service to be given in the nature of "patchwork." The idea that there exists such a concept—and a workable one—as preventive dentistry, is still in its infancy, and in many places is an unknown idea.

We need a relationship between the dentist and the patient in which the patient visits the dentist while all teeth in his mouth are in good condition to see what steps must be taken to keep the teeth perfect. That means the two-year-old and the three-year-old have to be given a proper dental examination. That means the idea in so many people's minds that "baby teeth" or foundation teeth are unimportant must be discarded. We have to start with a simple scientific fact that will sound startling to many people: Barring accidents or a severe illness, it is possible to keep every tooth in the human mouth for the balance of a normal life. This in turn means getting rid of the idea of the dentist as a "patcher," and in place substituting the concept of the dentist as a diagnostician

who can study the mouth and the teeth and tell exactly what steps must be taken to keep the teeth.

We often give lip service to the phrase that "The entire person works as a unit, and an illness in one part of the body may affect another area of the body." The dentist should have at his disposal a complete case history of the patient. He may thus be able to point out that the pain in the ear is due to a tooth pressing on a given nerve, or that pus emanating from a diseased tooth is really the cause of another condition. Also, personal habits must be included in the complete picture—Tommy's thumb sucking may be the cause of his protruding jaw, and Mr. Smith's habit of biting hard on his pipe stem may be causing the wearing down of his front teeth.

The dentist should not be hurried in his treatments. For efficient dentistry he surely deserves at least a fair and reasonable return for his services and the investment of time and equipment. The sooner the public realizes that teeth can be saved, the sooner will we have the smile, you really like to see.

2939 *Grand Concourse*
Bronx 68, *New York*

THE PATIENT'S ANXIETY

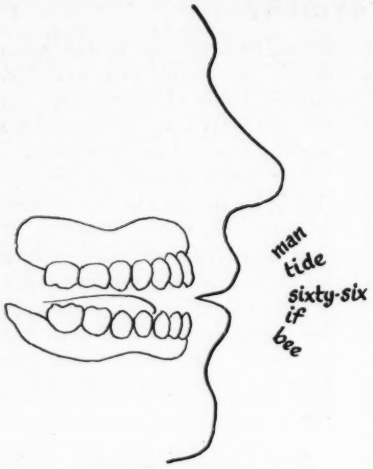
THE ONE common denominator behind the varied behavior of different patients as we see them is the feeling of anxiety. The behavior they manifest in the office; joking or weeping, tense or apparently relaxed, aggressive or clinging, overtalkative or silent; is the behavior of a person who is attempting to cope with this anxious feeling and establish some sort of readjustment. Naturally, the degree of maturity and healthy integration of the personality, coupled with the nature, duration, and intensity of the symptoms play a large part in the emotional response to illness.—SOME EMOTIONAL ASPECTS OF MEDICAL PRACTICE, *Medical Times, Manhasset, L. I., New York*

BRITAIN'S MEDICAL PROGRAM DRAWS NONRESIDENTS

CONSERVATIVE Sir Malcolm Stoddart-Scott claims a dentist in Huddersfield, England has had patients from 33 countries in the past ten years under Britain's free medical program, which offers free dental and medical service even to nonresidents of the United Kingdom.

Some of the dentist's patients came from the United States, China, Nigeria, and the West Indies.

Sir Malcolm suggested a change in the rules to make nonresidents pay at least a part of the cost of treatment.—*Oakland (California) Tribune.*



Speaking With Dentures

BY HOWARD E. KESSLER, DDS*

THERE IS in the dental literature an abundance of material on the subjects of appearance and retention of full dentures. However, on the phonetic aspect of denture construction relatively little has been written.

The great importance of normal speech in the lives of virtually all of mankind down through the ages is obvious.

However, in this present era the dentist has become more important than ever for his role in the relationship of dentistry to speech. In this day of radio, television, and meeting-hall microphones, weak voices can be made "strong" by the sound engineer; but speech defects, such as lisping and those speech defects caused by certain denture shortcomings cannot be erased. The microphone actually intensifies and calls attention to denture phonetic discrepancies. This strengthens the dentist's role in the speech field.

Further, the responsibility for the phonetic aspect of denture construction has been put even more heavily upon the shoulders of dentists in the United States; since it has been shown that patients who speak English well require more care in the making of their dentures than people who speak a language other than English, or who speak English with a foreign language tongue pattern.

Before we go into a discussion of the vital areas to watch in making a phonetically correct denture, let us answer the question that is so often asked, "Why is it that the

*Doctor Kessler is dentofacial speech consultant for the Cleveland Public School System; trustee for the Cleveland Hearing and Speech Center of Western Reserve University; and lecturer at Western Reserve University School of Dentistry.

This author tells why your denture patients may have speech defects, and how you can avoid or correct them.

majority of denture wearers get along well with their speech no matter how their dentures are made?" The simple answer is the extremely high degree of adaptive behavior possible on the part of the human tongue. Of this vast majority of satisfied denture wearers, a certain percentage have dentures, which are phonetically correct for them; and the rest have been able to compensate, either consciously or unconsciously, with their tongue or lips for the phonetic shortcomings of their dentures.

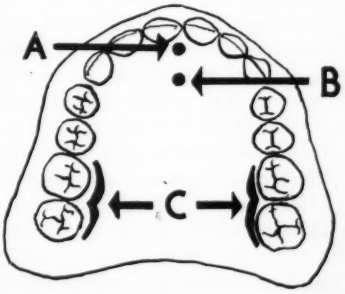
These phonetically vital areas to which we should pay attention in making an upper denture (marked A, B, and C) are pointed out with the assumption that the rest of the denture construction is correct for this patient.

The palatal area, marked A, should be as thin as possible. The old-fashioned, heavy, deep artificial rugae make the region too thick and are a hindrance to tongue placement. However, the thin, naturally carved rugae seem to aid the tongue in normal speech. If this region is too thick, phonetic difficulties can be caused. In English, a T or a D (they are the same except that the D is voiced) is produced with the tip of the tongue touching the region just posterior to the upper anterior teeth. If the tongue should meet a foreign material without surface sensation about 3/8 inch sooner than was the case before the denture was inserted, an articulatory difficulty often results.

The area marked B signifies the lingual of the upper anterior teeth and the immediate area blending into the base plate material. Here we have found that teeth with long, natural linguals and normal cingula are the best. Naturally carved plastic teeth are phonetically good.

The area marked C refers to the area lingual to the upper first and second molars. It used to be stated that speech was hindered when the tongue was crowded by the teeth of the upper denture. Now we have found by experimenting that the tongue in normal speaking action is helped by adding a bit of material to the lingual of the upper artificial molars and making a little bulge there.

With their natural dentition most people have been used to



Pronunciation Guide for Denture Patients

WORD or SOUND	MECHANICS OF NORMAL PRODUCTION	GENERAL REASONS FOR FAILURE
puppy	Forced contact release between upper and lower lips	Vertical dimension is too great, or upper anterior incisals set out too far labially
mom	Upper and lower lips in contact	Vertical dimension is too great. Also, excessive labial thickness
tide	Tip of tongue touches anterior rugae area	Upper denture too thick in rugae area
sixty-six	Upper and lower teeth almost touch at incisal edges	Several reasons: too great a vertical dimension, incorrect positioning of anterior teeth, too thick in rugae area
fife	Lower lip touches incisal edges of upper teeth	Open bite, or too large a vertical dimension
Bob	Forced release of contact between upper and lower lips	Vertical dimension is too great
wow	Partial closure with puckering of lips	Dentures too thick labially. Also, possibly too large a vertical dimension

"zeroing in" during speech by touching the lateral aspects of their tongues to the lingual areas of the upper molars. Some speech therapists feel that contact is important, because it shortens and grooves the tongue for good speech, and holds the tongue in a neutral position. Most vowels are usually made with that contact, and the following consonants are some which can be made with that area contact: S, Z, K, G, J; and even R, D, T, and N.

Now, if after extractions, the alveolar ridge collapses and the upper denture molars are set a little buccally, that speech contact area is lost for the patient. Hence, the rule could be followed: In general, set the upper molar teeth on the ridge, and then bulge the "tissue" slightly on the lingual, and blend it in.

Many or most dentists have a

pet word or phrase to test the ability of the full denture patient to speak. Commonly used are such words as Mississippi, church, Tennessee, Presbyterian, and Schenectady.

While there is always the possibility that the patient may have had defective speech before the full dentures were constructed, we have assembled a list of words to be said by full denture patients, and listed the general reasons as to why a given patient is not able to handle a certain word.

This accompanying chart is for patients whose native language is English.

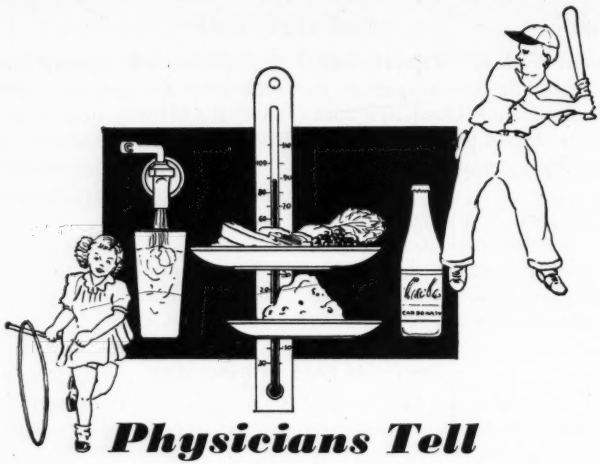
Park Building
Public Square
Cleveland, Ohio

THE THREE ERAS IN DENTISTRY

1. *The Technologic Era.* In the 19th century, the profession was preoccupied with physical inventions and refinements of procedures in oral restorations. American technology or "know-how" made its impression on professional dentistry, which has gained world-wide recognition for its technical and prosthetic successes. This quality has erroneously been referred to as "mechanical."

2. *The Biologic Era.* The first half of the 20th century stands out in the history of dentistry by the emphasis on the *health values* of dental service. We may look there to the possibility of "lifetime teeth." The influence of the popular health movements and the wide-spread public-health activities were reflected in dentistry by the rise of oral hygiene, stress on preventive principles, and the acknowledgment of relationships of oral and systemic disease. Extension of biologic knowledge in dentistry strengthened biofunctionally the technologic skills, which became part of modern dental care. The dental profession was now ready to expand its efforts in the promotion of oral health.

3. *The Social Era.* The second half of the 20th century ushered in the social era in dentistry, with emphasis on the democratic ideal of extending health benefits to ever wider sections of the American public. A broader approach to the social responsibility of the dental profession imposed more universal recognition of *service, research,* and *education* in dentistry as three facets of a unified biosocial discipline in the family of health sciences. The field of dentistry was thus delineated.—ALFRED J. ASCIS, DDS, *Professional Education of Dentists for Tomorrow, New York.*



Physicians Tell

Summer Eating Rules

From a special report on feeding children during hot weather prepared for the American Medical Association Council on Foods and Nutrition.

TELEVISION, air conditioning, and eating between meals have combined to produce a new hot weather syndrome among children. It is characterized by the "pale, flabby, tired child who has gained excessive weight during the warm weather because he has stayed in an air-conditioned house watching television most of his waking hours and has indulged in frequent between-meal snacks that have spoiled his appetite for well-balanced meals," according to a report by Doctors Floyd A. Norman and Edward L. Pratt,[1] published in the *Journal of the American Medical Association*.[2]

Poor appetite in the summer and faulty eating habits may result from uncontrolled use of cold, high-caloric drinks or food, from failure to take adequate exercise, and from over-indulgence in between-meal snacks.

Hot weather imposes no special dietary requirements for children. They need the same well-balanced diet they always need, along with extra water. They do not need ad-

[1]Doctors Norman and Pratt are affiliated with the Department of Pediatrics, University of Texas Southwestern Medical School, the Children's Medical Center, and Parkland Memorial Hospital, Dallas.

[2]Norman, F. A., and Pratt, E. L.: Feeding of Infants and Children In Hot Weather, JAMA **166**:2168 (April 26) 1958.

ditional quantities of salt. Only adults under "conditions of great physical activity associated with extremely large outputs of sweat" need sodium chloride tablets.

It is unwise for adults to condition children to dislike hot weather, or to foist summer-time food fads on them.

The following rules will help maintain good nutrition and eating habits among children:

1. The habit of vigorous outdoor activity should be continued or developed. Children do not mind hot weather unless they are conditioned to dislike it.

2. Cool, but not cold, drinks are best, and, for the most part, water should be used to quench thirst.

3. Between-meal foods and high-caloric drinks may have to be controlled.

4. A short "cooling-off" and quiet period before meals may increase the child's appetite.

5. Limiting of high-caloric foods, such as peanut butter and ice cream, may be necessary.

6. The large and better balanced meal may best be served in the evening when the temperature is lower.

7. All of the usual measures and guides for developing good eating habits should be continued, irrespective of the weather.

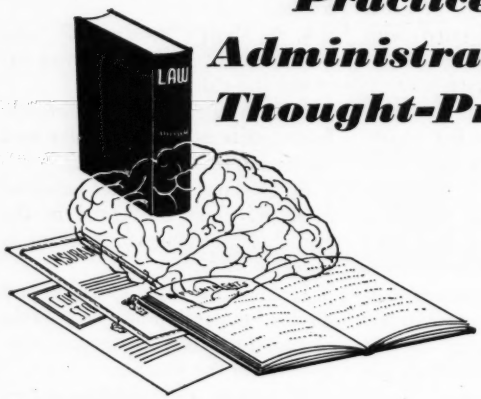
If infants and children eating well-balanced diets do not tolerate ordinary heat, they should be examined for illness rather than changing their diets.

BUSHWACKING IN SAINT LOUIS

ANY DENTIST knowing of an illegal practitioner should not hesitate to report him, or testify against him and should urge patients to do so. The health of many individuals is at stake. The state board is financially unable to investigate these violations of law. If they are unable to do so, then who can? The Saint Louis Dental Society, fortunately, carried through the expense and red tape of such an investigation. *But, if it had not done so, the laboratory technician would still be turning out inadequate, in some cases, actually harmful, dentures.* What could be done if such an affair required investigation in a smaller district where funds simply were not available? It seems obvious that nothing could be done.

Therefore, it would seem wise for the Missouri State Dental Association to use all its influence with the state legislature to provide the state dental board with more funds. The Missouri dental license renewal fee is one of the lowest in the Nation. It should be raised to at least five dollars. This would provide more funds for the investigation of such violations of the Dental Practice Act. Perhaps even the Dental Practice Act should be strengthened. This is important to all the citizens of our state.—*The Journal of The Missouri State Dental Association.*

Practice Administration Thought-Provokers*



BY CHARLES L. LAPP, PhD, and JOHN W. BOWYER, Jr, DBA

Diseases of Teeth, Psychology Linked

Doctor Alex H. Kaplan, Assistant Professor of Clinical Psychiatry, Washington University, School of Medicine, recently stated, "Although emotional states may not be directly responsible for dental disease, psychologic factors may be responsible for poor oral hygiene which in *turn* leads to disease. Disturbed emotional reactions to dental treatment may keep some patients away from dentists." Therefore, if you want to assure that more people avail themselves of good dentistry, it is up to you as a dentist to give attention to your patient relationships.

* * *

One Way To Cut Down Broken Appointments

Giving each patient an appointment card will cut down on some broken appointments. However, what you put on the card may help still more. For example a dentist in Youngstown, Ohio, has an appointment card which reads:

> An Appointment has been Reserved for
> ---
> with Doctor ---
> on --- at ---
> It is requested that 24 hours notice be given if this appointment cannot be kept. Otherwise a charge will be made.

*Doctor Lapp is Professor of Sales and Management; Doctor Bowyer is Assistant Dean, School of Business and Public Administration, Washington University, St. Louis.

This is the second of a series in which two specialists in the field of business practice present ideas and suggestions in regard to your profession and investments.

Night Appointments Can Enlarge Your Practice

If you are an established dentist you say, "How can I avoid night appointments?" However, if you are a younger dentist trying to get started, night appointments will enlarge your practice. There are many people, particularly younger junior employees who do not like to miss work to have a dental treatment.

* * *

Give Prestige to Your Auxiliary Personnel

A few dentists in front of patients or other professional men will refer to their auxiliary personnel as "help." The word "help" reduces them to the stature no higher than that of a janitress. Compliment your auxiliary personnel. It will not only gain stature for you, but beget greater cooperation from them.

* * *

A Suggestion for Handling A Patient With a Fractured Restoration Who Feels You Placed It—But You Did Not

A dentist in Pocahontas, Iowa, has a method for handling a patient with a fractured restoration who feels it should be replaced without charge. When the patient demands he restore it without charge he says, "Don't believe I made that restoration. I tell you what I will do though. I keep an individual record of all restorations. I will check the record and if I did do it, I will make the restoration without charge. However, if I didn't, the fee will be doubled."

Invariably such a patient will reply, "Now to think of it, Doctor, that 'filling' was put in while I was in the Army," or "Doctor so and so put it in when I lived in ----------."

* * *

Will the Advice of A Dental Professional Management Service Help Me?

Many dentists ask other dentists, "Will a professional management service organization help me?" No one can answer that question but yourself. If you are now satisfied that your hours are not too long, your collections are satisfactory, and your relationships with patients and auxiliary personnel enjoyable rather than harassing, then you probably do not want to change one aspect of your practice. However, if you are not making all the money you feel you should and want to, if you have gaps between appointments, broken appointments, and

patients who do not pay, then you might well consider the possibility of getting advice from some professional management service organization. Before you select one, however, do it wisely by checking with some users and non-users of such services before making a selection. Do not be sold, rather buy the service which will best serve your needs.

* * *

Check On The Telephone Personality of Your Auxiliary Personnel

It is more important that your auxiliary personnel have a good telephone personality than possibly when they see a patient face-to-face. Check to see if your auxiliary personnel conforms to these suggestions:

1. When answering do so promptly, letting the listener know who you are, such as, "Miss Bedford speaking, Doctor Jent's assistant."
2. If you have to leave the telephone say, "Hold the line, please, I'll find out for you," or "Will you excuse me one minute while I take care of an emergency?"
3. Repeat appointment dates and time to avoid mistakes.
4. Thank a patient for calling.
5. Do not hang up until the conversation is finished and wait for the receiver to click at the other end. Then place the receiver down gently—never slamming it.

* * *

Credit Dentistry

It was recently reported in the *Wall Street Journal* that a survey showed that credit dentistry had received a boost from the current recession. Longer terms on dental service are being sought. You may face a choice of more liberal treatment of patients' accounts or postponed treatments.

* * *

The Tax Advantages of Common Stock

The lower tax rates associated with capital gains are well known. However, the exemption of $50 of dividend income from taxation is not so well known, and many doctors I have observed have missed this means of reducing their federal income tax. More importantly, losses of tax-free income come from the failure to have common stock in both the dentist's and his wife's name or joint title. There is a $50 exemption for each person who holds common stock. Tax savings will be the result if each person in the family, including each child, is made a gift of sufficient common stock to yield $50 in dividend income. One problem in giving common stock to children is that many state laws make it difficult for parents to give it to children. Before this action is taken check with your lawyer or broker first.

Investment Counselors—What Are They?

What is the difference between an investment broker and investment counselor? A broker is a man engaged in the buying and selling of securities—bonds and stocks. His primary function is executing your orders to buy and sell securities, not giving advice. In fact, he may be much like the average dentist—too busy to investigate thoroughly before investing. An investment counselor has as his full-time occupation the advising of his clients on when to buy and sell what securities. Legitimate investment counselors are generally registered with the Securities and Exchange Commission. *For a list of investment counselors nearest you, write to the Practice Administration Thought-Provokers,* ORAL HYGIENE.

* * *

Major Medical Insurance

Blue Cross and Blue Shield plans are losing out in many large firms. These firms are beginning to provide major medical insurance plans for employees. This insures illnesses that cost over a certain amount—$100, $200, or $500, up to a maximum of $10,000 to $15,000. The plans are similar to the deductible feature of your auto collision policy. The reason they are so popular is, because they cover the type of illness that really has an impact on the family's finances—the long or chronic illness.

Group plans could be formed by groups of dentists within a city through a dental society or study club. It is worth looking into as virtually any dentist can cover himself up to $100, but the amounts over that are the ones that hurt, and in some cases the premium is lower than with combined Blue Cross-Blue Shield.

* * *

Social Security Tax for Dentists

As you know the new social security tax rate for dentists is 3⅜ per cent. The Internal Revenue Service has worked out a new tax table: the "Optional Self-Employment Tax Table." You may use this table rather than compute your tax. You may actually save money by using the table, and so you should compute the tax both ways.

* * *

Accounting For Travel Expenses

If you plan to attend out-of-town professional meetings, keep complete and detailed records on what you spend. Internal Revenue Service may require a detailed accounting of such deductible expenses. If you are called in to justify these expenses, receipts as always would be valuable.

* * *

Credit and Collection Manual

The National Retail Credit Association has available for dentists

and physicians a credit and collection manual—cost, $2. If you want a copy, write to National Retail Credit Association, 375 Jackson Avenue, Saint Louis 5, Missouri. *The NRCA will also send without charge upon request tear sheets of articles dealing with credit problems of dentists from their magazine, Credit World.*

* * *

Preventing Office Losses Through Embezzlement

There has been a recent rash of losses by professional men of large sums of money through embezzlement by trusted clerical personnel. Many never make the newspaper as they are settled quietly without fanfare. How can you prevent it? (1) Have a good accounting system; (2) insist on periodic audits by a public accountant; and (3), more importantly, insist that all persons handling your money take a vacation at least once a year during a monthly billing period. Vacations tend to turn up evidences of sloppy work or dishonesty on the part of clerical employees.

* * *

If you have questions pertaining to patient relationships, office procedures, management of personnel, or personal finance you would like answered, please send them to: ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

Washington University
Saint Louis, Missouri

THE COVER

THIS MONTH'S cover is a photograph of The Greenbrier's historic spring house, which shelters the sulphur water where the mountain spa originated in 1778. The annual meeting of the West Virginia State Dental Society will be held at The Greenbrier, White Sulphur Springs, West Virginia, from July 20 to 23. For reservations and information about the meeting please write to: Central Office, West Virginia State Dental Society, 710½ Lee Street, Charleston, West Virginia.

GOOD THERAPEUTIC TOOLS

PHYSICIANS who are not psychiatrists can do a great deal in helping patients in the psychologic aspects of illness if they are aware that, fundamentally, sympathy, considerateness, respect, support and understanding are, as they always have been, therapeutic tools of the greatest effectiveness.—*Kenneth E. Appel, MD, Journal of the Medical Association of the State of Alabama.*

So You Know Something About DENTISTRY!

? ? ? ? ?

BY ROLLAND C. BILLETER, DDS

Quiz 166

1. The jaws contain forty-eight teeth, the greatest number present at any age in life from the (a) 1st to the 4th, (b) 5th to the 7th, (c) 8th to the 10th, year. _____

2. True or false? In the lower arch, there is usually a uniform resorption of both the labial and lingual alveolar plates of bone. _____

3. In general, does the angulation of the deciduous teeth remain unchanged during the life of the denture? _____

4. Congenital or acquired abnormalities of bone existing prior to or following the removal of teeth are (a) more, (b) less, common to the maxilla than the mandible. _____

5. Does the effect of smoking on the oral mucosa depend chiefly on the susceptibility of the individual and the amount of tobacco used, regardless of the method used? _____

6. The ratio of use of base metal alloys to gold is (a) two, (b) five, (c) ten, to one. _____

7. Are there any known drugs for oral administration which will speed the clotting of normal blood? _____

8. True or false? Bacteria are not given off from the granuloma when it becomes secondarily inocculated through operative trauma. _____

9. Proper coverage of the retromolar pad by the mandibular denture is important for (a) retention, (b) support. _____

10. In setting a porcelain jacket crown is it necessary to have an exact match of the color of cement and the color of the crown? _____

FOR CORRECT ANSWERS SEE PAGES 54 and 58

The Dentist's Own Mouth

BY ARTHUR ELFENBAUM, BA, DDS*

IT SEEMS to be one of the mysteries of life that when a dentist or physician himself needs health care, his knowledge appears to evaporate. He will seek advice from those who are not qualified to prescribe and follow their recommendations blindly. Worse yet, he may indulge indiscriminately in self-medication with results that can be described as nothing short of masochism. Many physicians have become addicts of alcohol and narcotics from what at first was a quick, self-prescribed aid to relieve tension.

Frightening? Yes, but the illustration is given only to urge dentists to stop treating their own oral problems. One must agree that a dentist is capable of taking an impression of his own mouth for partial or complete dentures. The technical construction may be accomplished by himself or in a laboratory, and he is surely able to place the dentures when completed. But that is not dentistry—it is not the procedure that a dentist, trained in the biologic sciences, should adopt in his practice. The carnival faker who made "plates" for toothless mouths in the early 18th century could do as well. Every patient, even a dentist must have his mouth carefully evaluated before a denture is made for it. The denture-bearing areas must be examined visually and they should be palpated as if the fingers had eyes and brains. The color, texture, and tone of the mucosa must be wholesome, and the examiner must evaluate their ability to withstand the

*Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University; and Consultant in Diagnosis at the Dental Training Center of the West Side Veterans Administration Hospital and the Dental Department of Michael Reese Hospital, Chicago.

You need the professional services of your colleagues. The results of self-treatment can be dangerous.

insults, which denture material heaps upon them.

Every resilient and non-resilient area must be mapped out and recorded so that the completed denture will feel comfortable, without depending on later adjustments to relieve sore spots. The determination of the denture borders must be made from a detailed survey of the tissues that are involved in muscle movements, tongue action, soft palate extension, lip action and the extent of the oral opening in talking and laughing. Furthermore, the general health status of the oral tissues is to be correlated with that of the patient as a whole, and the correlations are to be suggested from the signs observed by the examiner, not from the routine answers to a lifeless printed questionnaire. Can a dentist do all this for himself? Definitely not. Only an impartial observer whose approach is strictly objective is capable of accomplishing the prognosis.

Self-Medication

Dentists have been known to boast that they have prepared their own teeth for restorations and cemented them into place or filled the cavities with a plastic material. There is no reason to doubt their technical ability, but you will have to pardon me if I doubt their "do-it-yourself" prowess. Granted that with the new high speed equipment a cavity can be prepared in one-two-three, there is plenty of justification for casting doubt, if not aspersion, on the perfection of such preparations. Asked why they do these things, dentists will explain that a patient canceled or broke an appointment and they decided not to waste the time. Some say they just do not have the time to go to another dentist, and others assert, genuinely, sarcastically, or with tongue in cheek, that they would not trust their mouths to someone else. Sometimes the complications which arise from the fee involved are too bothersome, and the dentist decides to evade the whole issue by treating himself. He does not expect his colleague to give him free service, he is not conditioned to pay another dentist the full fee that he himself would expect from a patient for the same treatment, or he dislikes asking for favors. There is also much truth in the statement that many dentists prefer not to treat their fellow practitioners. The same amount of time, they figure, would be much more income-producing if expended for their own patients; they waste too much time talking and comparing notes; and there is also the possibility that a confrere would tend to criticize another's procedures.

Dental assistants are also known

to be as notoriously neglectful as their employers and for similar reasons. The girls are often found surreptitiously patching their own dental defects with silicate cement, self-curing acrylic or amalgam, and repeating the performance for the same defect whenever a little spare time occurs.

Neglected Lesions

The most dangerous example of self-neglect among dentists is furnished by those who discover a lesion in their own mouths and fail to investigate it adequately. If it is something as innocent as herpes or an innocuous injury, and the causative or contributing factors are known, the lesion may be trusted to run its course without treatment. However, too many dentists have been known to overlook their own small oral lesions until they have developed into full-blown carcinomas. An excision biopsy in the early stage might have prevented invasion and metastasis, and a fatal consequence. At the same time, cancerphobia arising from an ulcer that is not cancerous can lead to a neurosis. A dentist should regard his own oral lesions as realistically as he does those of his patient.

Although a dentist is not expected to maintain his masticatory apparatus and other oral tissues as a showcase for demonstration to patients, the appearance of his mouth should never arouse criticism. Some defects may be beyond correction or improvement. In fact, dental students have occasionally stated that a cleft lip, an unusually small lower jaw, congenitally missing upper lateral incisors, or some other dental or oral aberration, inspired them to make dentistry their life calling. However, there is no excuse for a dentist who pays no attention to his dental malalinement, stained teeth, severe abrasions, an excessive display of gold, hyperplastic gingivae, or illfitting dentures. An untidy office, dirty fingers, unkept hair or soiled gown, could not be any more objectionable.

On many occasions patients have said that they left their dentist because of his halitosis, although they were satisfied with his professional ability. Some dentists may not be aware that they have a distasteful odor on their breath, while others know it and indulge in gum chewing to mask it. The causes of fetor oris are numerous and varied, but they all need investigation, especially for a practicing dentist. It may involve nothing more than a change of diet or stopping the use of tobacco, but it may be complicated by lung or kidney disease, or by emotional factors. One of the commonest causes of bad breath is a postnasal drip, a condition which in some parts of the country is highly resistant to treatment. In such cases the dentist should seek medical advice and train himself to operate from the side, and not bring his

face too close to the patient. Unfortunately dental instructors do not pay too much attention to the student's position at the chair. Some of the postures which students (and dentists in practice) adopt while operating are positively comical, and some are definitely harmful.

Almost no consideration is given to the condition of students' mouths. They have no time to have their mouths rehabilitated while in school, and after graduation they adopt the same excuses and tactics as practitioners in general. Someone has suggested that no student be permitted to graduate unless his mouth is in an acceptable condition physically, functionally, and esthetically, and the treatment needed should be performed by the clinical faculty as demonstrations to groups of students. It is no exaggeration to say that there are more patched up temporary "fillings" in dentist' mouths than in the mouths of all their patients put together. It reminds one of the writer who over three hundred years ago said, "Him that makes shoes go barefoot himself."

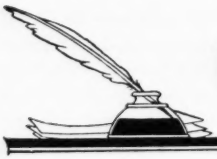
431 *Oakdale Avenue*
Chicago 14, *Illinois*

PSYCHOLOGY IN THE DENTAL OFFICE

SELDOM does a patient approach the dentist in a normal frame of mind. Most have some degree of nervous apprehension and some are so disturbed that they have the appearance of a somewhat unwilling volunteer for a sacrificial act. Such a patient is helped if he can be made to feel that his case presents no undue difficulty, that no possible aspect will be overlooked, and no necessary time grudged. All this is part of the dentist's service to his patient.

A dentist spends much of his time working in borrowed light, carving intricate patterns to fine clearances in a sensitive organ, hampered by the unhelpful conditions of his field of operation and, in addition, usually unable to position himself so as to obtain an unimpeded view of it. Meanwhile he encourages his patient and inspires a feeling of self-control. With these as some of his difficulties he must still remember that he is working on living tissue, the postoperative health of which will depend upon his unhurried care.

This imposes a strain of no mean order and, unfortunately, if the dentist allows anxiety for his patient to dominate his day he will almost certainly build up a risk of grave trouble for himself; if, on the other hand, he gradually sinks into a rut of indifference he will not be practicing according to the best standards of his profession.—*British Dental Journal, London.*



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

ARE YOU CONFUSED?

PEOPLE WILL use any excuse to avoid seeking dental care. Many will seize the present business decline as a reason for keeping away from the dental office. A good share of those who say that they cannot afford dental service at present will be spending their money for more pleasurable things. There is no doubt that among the substantial number of present unemployed the expense of definitive dental treatment represents an impossible outlay. There are other millions of people who could, but will not, commit themselves to costly treatment until they have a clearer idea of what they can expect from future business conditions. A recession is, in part, a situation where money is really scarce, and in another part, a hesitancy to spend money that may later be needed to supply the essential wants of food, shelter, and clothing.

There are more "cures" being offered for the present business decline than there are "diagnoses" to account for its existence. Dentists are opposed to nostrums and panaceas in professional treatment. They should also be slow to accept economic cure-alls.

Faith is a priceless gift, but without works it is a lifeless thing. Faith in the economic condition of the country must be based on more than homilies and little sermons from politicians. They should be prepared to offer remedies that are based on the correction of fundamental maladjustments in our economy. One gets the disquieting impression that politicians are more concerned with finding a cure-all, or a witch doctor, for our economic ills, than they are in searching for the causation of the present economic disease. That is practicing bad "medicine"!

There is no reason to belabor the analogy between economic health and biologic well-being. The parallel is quite clear: We cannot treat anything with a shot in the dark. We cannot cure anything without knowing something about the cause.

A case history of the present business anxiety would reveal that inflation and higher and higher taxes are among the chief "etiologic" agents. The dollar buys one-half as much as it did a few years ago. An income of $100 a week today means that we can buy $50 worth of goods and services in comparison with prices a dozen years ago. The irony is that *net income* has not doubled in that period. The dentist who had a *net* income of $10,000 a year in 1945 does not have a net income of $20,000 today. That is putting the fact in simple terms.

All taxes—federal, state, local—have increased as we know too well. Despite the tax bracket that the professional person finds himself in, he is working one-third to one-half of his time to pay for the excessive costs of government in his community, in his state, in the Nation, in the international sphere, and soon in interstellar space. What is that if it isn't socialism?

There is panic among politicians because neither major party has a clear-cut philosophy or long-term goals. What, by the way, is the difference today between a Democrat and a Republican, or the other way 'round?

Statesmen lead a people because they have a long-range philosophy of government. Politicians wait to see what they think the people want, then improvise quick legislation to fill those transient objectives. Politicians pander for popularity and their own election. Statesmen state the issues and then await the decision of voters who determine if the popular fancy is concerned with the immediate or the ultimate goal. Unfortunately, this skill of projecting into the future is not the way to be elected to office.

We are presently confused, because we sense the indecisions among our political leaders. Anxiety and panic are vicious forces that are easily transmitted among people. We need more than "tranquilizers." Clear diagnosis, fearless and definitive treatment for our basic economic ills, are the only hope for long survival.

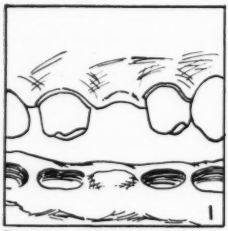
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

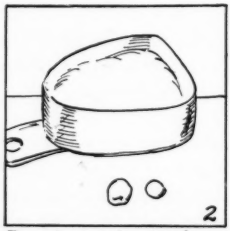
Determination of Undercut Areas for Fixed Bridgework

By GEORGE B. HUBER, DDS

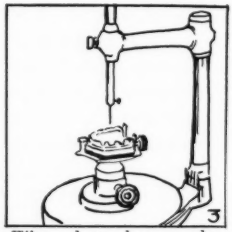
Drawings by Dorothy Sterling



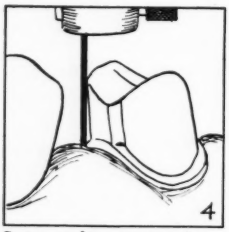
Prepare abutment teeth. Take snap impression in an elastic impression material such as Jeltrate®.



Pour impression in plaster to which salt has been added to accelerate setting. While plaster is setting, prepare temporary crowns.



When plaster has set, place cast on Ney Surveyor® or other parallelometer. Set base at zero tilt. (Teeth adjacent to preparations may be cut away if necessary.)



Survey the preparations. Areas which are not parallel will show as undercuts. Return to patient and relieve these areas while the local anesthetic is still effective.

Note to Contributors

We invite dentists to submit material for this page. $10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

Dentists in the NEWS

Rochester (New York) Times-Union: The first Eastman Dental Alumni Award has been received by Doctor Elmer J. Pammenter, who has devoted his 40-year dental career to the care and treatment of children. The award, established this year, will be presented periodically by the dispensary to dentists in this country who make important contributions in the field of children's dentistry.

Doctor Pammenter has been associated with the Eastman Dental Dispensary for nearly forty years, starting in 1918 as one of its first interns. He is now consultant in child dentistry and director of dental surgery at the dispensary. He has been consultant to similar Eastman dental clinics in Sweden, England, Belgium, France, and Italy; and has helped train more than a thousand dentists from every part of the world.

Besides his work at the dispensary, Doctor Pammenter is consultant in dental surgery at the University of Rochester School of Medicine and Dentistry, and to a number of area hospitals and institutions.

Portland (Maine) Telegram: A $55,917 bequest to the relief fund of the Maine Dental Society, possibly the largest such contribution ever made in this country, was presented recently. The gift was willed the Maine dental group by Mrs. Jennie C. Redlon, widow of the late Doctor Francis W. Redlon of Waldoboro.

Joliet (Illinois) Herald-News: The Joliet Township Board of Auditors has named Doctor George A. Kunke of Rockdale, assistant supervisor on the County Board. Doctor Kunke's prior experience in local government includes eight years of service as a trustee for Rockdale; chairmanship of a zoning commission in Rockdale two years ago which drew up the zoning ordinances; and at present, chairmanship of the Rockdale zoning board.

Seattle (Washington) Times: A new five-way stereophonic sound system developed by Doctor H. O. Weeth of Seattle, was on display at the arts-and-crafts show held in connection with the Washington State Dental Association meeting. The system permits tape or record stereophonic sound reproductions from radio or television broadcasts, or sounds played by an electric organ. The equipment is housed in a 9-foot long cabinet.

Louisville (Kentucky) Courier-Journal: "What is it like on the moon?" This query from a 6-year-old might stymie some fathers, but not Doctor Jack Young. He draws a picture for his son, Steven. Some of his art work was on display during the hobby session of the Kentucky Dental Association.

Another of Doctor Young's hobbies is astronomy. He is especially interested in the study of the moon, so his moon and space pictures have some authentic background.

Another hobbyist at the meeting was Doctor A. L. Heise, of Shelbyville. Doctor Heise is an archery enthusiast who hunts wild game with bow and arrows. He became interested in archery eight years ago after he scored a bull's eye on his first try at an archery booth. He has killed three deer and a number of smaller animals with his arrows.

(*Continued on page* 48)

Anaheim (California) Bulletin: A novel proposal for getting ten automobiles into sidewalk parking spaces designed to accommodate eight cars has been developed by Doctor Jose A. Currea. He said if his "simple tandem parking system" were adopted, 25 per cent more cars could be parked in a given city in the same space.

It is a bumper-to-bumper parking system. Cars are parked so that a space for entering and leaving the parking slot is provided only after each second car, instead of each car having its own entering and leaving space.

New Brunswick (New Jersey) Franklin News: Doctor Richard Fowler can handle a dentist's drill or an auto wrench with equal ease. Evenings and weekends will find him at work on his hobby of restoring classic automobiles.

This absorbing pastime began on his 16th birthday when he acquired a 1926 Buick duel-cowl phaeton. He estimates he has restored thirty vintage automobiles since then, including a 1934 Brewster formerly owned by orchestra leader Fred Waring, and hosts of Fords, Cadillacs and Buicks. His pride is a rare 1936 Auburn supercharged Speedster, which he has just renovated after months of part-time work.

Columbia Basin (Washington) Herald: When the Air Force released pictures of a demonstration of an air pickup of a man from the ground and from the sea, little did the people across the country know that Doctor Lytle S. Adams, Moses Lake, Washington, was the originator of the aerial pickup.[1]

In 1927 in Seattle, Doctor Adams devised the Adams air mail pickup and delivery system. It was to be the first of a series of developments of air ground pickups that led to the realization of the need for human airlifting. Doctor Adams said he pioneered the first air refueling operation in December of 1928 in Washington, DC, and devised the first mail pickup from a ship at sea in 1929 in the Atlantic.

In 1937 Doctor Adams organized All-American Aviation, Incorporated, in Washington, and spearheaded the first air pickup of a human being. The pilot for the aviation firm made the first human pickup at Wright Field in Dayton, Ohio. Doctor Adams later sold all his stock in the firm to DuPont Corporation. In a letter from the pickup pilot, who is still with All-American Aviation, he was informed that the firm recently was awarded a contract to install pickup devices in the Air Force Grumman SA-16 air-rescue plane.

Doctor Adams also invented the speed-pellet and pioneered in reseeding Indian reservations and wastelands by air in Arizona and New Mexico.[2]

Sacramento (California) Bee: The 22nd Rochester International Salon of Photography, Incorporated, has presented a medal to Doctor Leo Barusch of Roseville, for his slide picture entitled "Snow and Stream." Medals were awarded to nineteen persons in the United States and one in Singapore. The contest is sponsored by fifteen photography equipment companies and photography clubs in Rochester, New York.

Portland (Oregon) Oregonian: A dentist has been installed as president of the Woman's Auxiliary to the American Medical Association. She is Mrs. E. Arthur Underwood, wife of a Vancouver, Washington, physician. Mrs. Underwood, known professionally as Doctor Gladys Underwood, is a practicing dentist in Portland. As president of the medical auxiliary for the coming year, Mrs. Underwood will build her program around the theme, "Safeguarding Today's Health for Tomorrow."

[1]Dentist Invents Airmail Pickup Device, ORAL HYGIENE **31**:165 (February) 1941.

[2]Andreeva, Tamara: Dentist Becomes Conservation Expert, ORAL HYGIENE **37**:234 (February) 1947.

(*Continued on page* 50)

Mobile (Alabama) Press: The traditional glass stopper in one Worcestershire sauce bottle, first used when Andrew Jackson was re-elected, has yielded to progress. It has been supplanted by an ingenious plastic fitment which controls the flow and eliminates all possibility of dropping down the sides. Inventor of this device is Doctor Samuel Kirschenbaum of Flushing, New York, who has devoted twenty years to an intensive study of how liquids behave when poured out of bottles. Although he never went beyond high school physics, his investigations have led to the formulation of a scientific theory entitled "The Organized Flow of Liquids From Containers Controlled by Natural Forces."

The new fitment for Worcestershire sauce was evolved out of 2500 different forms and models, all made by hand with a dental drill.

San Antonio (Texas) Southside Reporter: Doctor W. D. Schaefer of Harlandale has received an appointment to the city's new urban renewal agency. He will serve for a two-year term. The new nine-member agency will take over the task of selecting a site for slum clearance, and make recommendations to the City Council for application of funds from the federal government in getting the actual program underway.

Washington (DC) Post-Times Herald: Doctor Walter Lawson of Washington, DC, led a fleet of fourteen East Coast International boats in a race sponsored by the Severn Sailing Association.

Fort Lauderdale (Florida) News: Every child in the elementary schools of Broward County, both public and private, has received an illustrated pamphlet explaining why the youngsters should never talk to, accept gifts from, or accompany any stranger. The pamphlet distribution is part of a campaign, which is under the leadership of Doctor Fred T. Joy and the Fraternal Order of Police Associates juvenile protection committee, to stamp out one of the most malicious of all crimes, the molesting of children.

New York (New York) Post: While Doctor Leo J. McGinnis was treating a patient, two men entered the office and asked for appointments. As he checked his appointment book, the men produced knives and announced it was a holdup.

They took about $20 from each victim, Doctor McGinnis' watch, and $380 in office cash. In an adjoining room they found Mrs. McGinnis, and took her wedding ring and wristwatch. They bound and gagged their victims and fled. About half an hour later the trussed-up victims were found by two patients who called police.

Indianapolis (Indiana) Star: Proving there is good in almost everything, Doctor Richard A. Misselhorn, of Indianapolis, has a striking collection of carved figures resulting from the economic hiatus of 1932 when, with little else to do, he began to whittle away the depression.

"That was the bitter period," says Doctor Misselhorn, "when many turned to jigsaw puzzles and the like to while away their enforced leisure. I found a block of Norwegian white pine and carved a likeness of the nursery-rhyme figure, "Old Grimes." That started me off, and in that year I carved around fourteen figures, several of them from life. And out of this comes now another creative phase, painting, which I am about to take up as a hobby."

Even though the intervening twenty-five years have dimmed the coloring, the carved figures still have the lifelike qualities Doctor Misselhorn gave them. Facial expressions and actions are amazingly authentic.

San Bernardino (California) Telegram: A man of many talents, Doctor Andre Varel, of France, not only writes

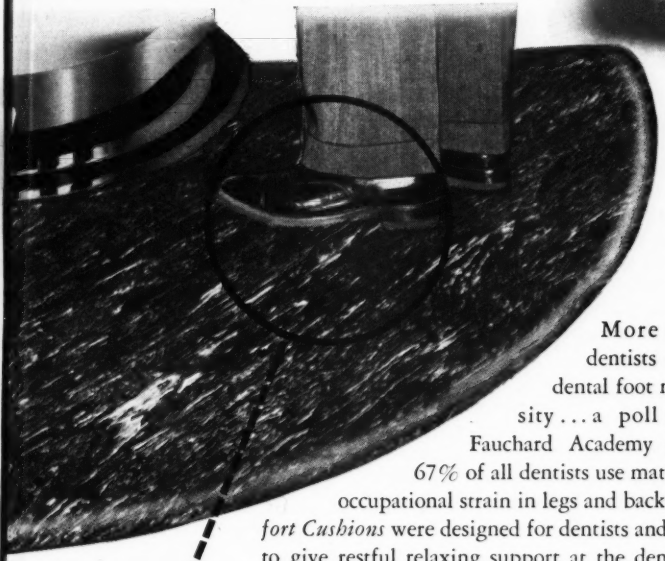
(*Continued on page* 52)

When your feet hurt—
You ache all over!

Prevent tired feet, aching back

with HYGIENIC

Foot Comfort Cushions



More and more dentists consider a dental foot mat a necessity . . . a poll by Pierre Fauchard Academy shows that 67% of all dentists use mats to prevent occupational strain in legs and back. *Foot Comfort Cushions* were designed for dentists and technicians to give restful relaxing support at the dental chair or cabinet and in the laboratory.

Here's the Secret . . . A beautiful rubber tile flooring bonded to a sponge rubber base provides proper support without being "mushy."

- **All edges beveled for safety and appearance.**
- **Colors to harmonize with every office decor.**
- **A variety of shapes for "custom fit" around all leading chairs and operating stools.**

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the lyrics for leading French singers, but is a practicing dental surgeon as well. He and his partner, Charly Bailly, are known as "The Rodgers and Hammerstein of France." They have written more than 100 songs, a number of which have been featured by such performers as Edith Piaf, Patachou, and Lucienne Boyer.

Louisville (Kentucky) Courier-Journal: Ruta Klavins, a native of Latvia, is the first woman student at the University of Louisville School of Dentistry for several years. The last woman to graduate there did so in December, 1946, and there are only four woman dentists registered in Kentucky. Miss Klavins says she sometimes feels like an intruder, and that it is a little lonely.

The Klavins left for Germany in October, 1944, after Latvia was engulfed in the Russian drive. In 1949 the family emigrated to Australia. Ruta entered the University of Sydney as a dental student in March 1954. That year in the fall the Klavins came to the United States and settled in Hopkinsville.

In Latvia dentistry is more or less considered a woman's profession. Miss Klavins says, "I know that if I'd been brought up in the United States I probably wouldn't have wanted to be a dentist. I might have studied medicine; there seem to be a good many woman physicians here."

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. James A. Sommer, 10626 Sheldon Street, Oakland 5, California.

Glenda McCampbell, 246 North 6, Beech Grove, Indiana.

Mrs. Ray B. Tainter, 2052 Peninsula Drive, Moses Lake, Washington.

Helen Bleech, 411 South West 14th Court, Fort Lauderdale, Florida.

J. A. McPheters, 90 Taylor Street, Lincoln, Maine.

Phil Ackerman, 1507 West Broadway, Louisville, Kentucky.

Raymond E. Hunt, PO Box 134, San Antonio 6, Texas.

Rachel Browning, 103 "B" Street, Roseville, California.

(*Continued on page* 54)

Mrs. Raymond Johnson, 313 North Briggs, Joliet, Illinois.

Beate Robey, General Delivery, San Bernardino, California.

Dottie Robinson, 1420 Humboldt, Chowchilla, California.

Earl C. Muck, DMD, 2603 North East Union Avenue, Portland 12, Oregon.

John Della Badia, 397 Main Street, White Plains, New York.

Carol Strauss, 5819 Enright, Saint Louis 12, Missouri.

Mrs. Louis A. Bendes, 66 Mitchell Avenue, New Brunswick, New Jersey.

B. Vellat, 508 West 62nd Street, Seattle 7, Washington.

Mrs. Bettie Leonard, 1908 Victoria Avenue, Anaheim, California.

Mrs. Myrtle Akers, Box 247, West Point, Kentucky.

Alice Dickson, 409 11th Avenue, Chickasaw, Alabama.

Darlene Dane, Leadwood, Missouri.

Mrs. J. A. McPheters, 90 Taylor Street, Lincoln, Maine.

Mrs. J. A. Murphy, 363 Chili Avenue, Rochester 11, New York.

Mrs. Nancy Gibbons Zook, 3240 Soutter Avenue, SE, Cedar Rapids, Iowa.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 166

(See page 39 for questions)

1. (b). (Waugh, L. M.: The Advisability of Extraction as a Therapeutic Aid in Orthodontics: Negative, Amer. J. of Orth. **33**:155 March 1947)

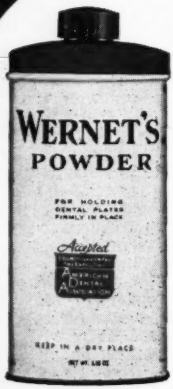
2. True. (Ney Bridge & Inlay Book, Hartford, Connecticut, J. M. Ney Company, 1954, page 116)

3. Yes. (McConagle, R. R.: Loss

(*Continued on page* 58)

To hasten adaptation with your denture patients

. . . . . This product helped . thi



- In "psychologically difficult" cases, the adhesion provided by Wernet's Powder inspires confidence until undue nervousness has been fully allayed.
- In all cases, Wernet's helps the patient through the adjustment period.

- *Wernet's Powder helps speed the mastery of the denture . . . Recommended by more dentists than any other denture adhesive.*

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Recommend
WERNET'S Powder

this patient . . . . . .

- A typical case history:
- WO'C, salesman, 46 years of age, felt panic at having to wear dentures; had excellent anatomical fit but needed "psychological crutch" while regaining self-confidence. Wernet's Powder helped him talk easily and clearly.

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of Teeth as a Danger in the Development of Occlusion, JADA **50**:59 January 1955)

4. (a). (Eskin, L. C.: Surgical Preparation for Oral Prosthesis, DENTAL DIGEST **62**:505 November 1956)

5. Yes. (Lewis, A. B.: Effects of Smoking on the Oral Mucosa, Oral Surg., Oral Med. and Oral Path. **8**:1026 October 1955)

6. (b). (Phillips, R. W. and Leonard, L. J.: A Study of Enamel Abrasion as Related to Partial Denture Clasps, J. Pros. Dent. **6**:657 September 1956)

7. No. (Accepted Dental Remedies, 22nd Ed, American Dental Association, 1957, page 90)

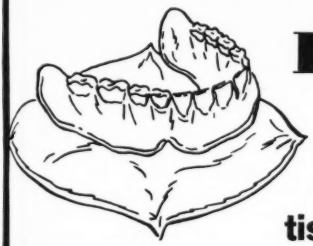
8. True. (Bunting, R. W.: Oral Hygiene and Preventive Dentistry, Philadelphia, Lea & Febiger, 1950, page 203)

9. (a), (b). (Kral, A. J.: Anatomic Consideration in Mandibular Denture Extension, DENTAL DIGEST **63**:27 January 1957)

10. No. (Sacchi, Hector and Paffenbarger, G. C.: A Simple Technic for Making Dental Porcelain Jacket Crowns, JADA **54**:371 March 1957)

New **Silyne** soft reline material

is applied at the chair in 30 minutes!



D-P *Silyne* provides a cushion of comfort ... a soothingly resilient tissue bearing denture surface

Will Not Pick Up Odors—A unique advantage!

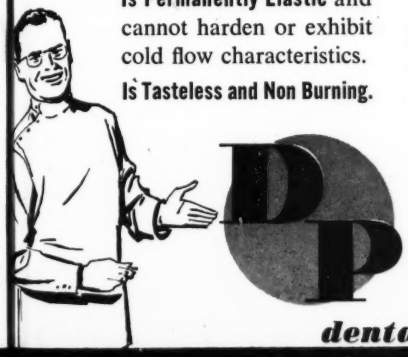
Cures and Bonds Itself molecularly to any Acrylic denture base.

Is Permanently Elastic and cannot harden or exhibit cold flow characteristics.

Is Tasteless and Non Burning.

Is Long Lasting—Because it is a product of silicone chemistry, Silyne exhibits extreme resistance to oxidation, corrosion or radical changes of temperature.

Is Non Absorptive—Silicones are chemistry's most efficient water vapor barrier.



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dental perfection co., inc.

Q ASK Oral Hygiene A

Please send all correspondence for this department to: The Editor, *Ask Oral Hygiene*, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Leukoplakia and Dentures

Q.—I have a patient with leukoplakia in the upper bicuspid area, which includes the ridge, and half the distance between it and the mid-line of the palate. The bicuspids and the second molar are missing on the left side. The right side has all the teeth, except the two bicuspids.

The patient has a 30-year-old horseshoe vulcanite denture, and I am replacing it. Should my denture be a full coverage type, horseshoe, or bar? What material should I use? Your advice will be appreciated—P.P.O., New York.

A.—If this patient is a smoker he should stop it. Tobacco is the most frequent cause of leukoplakia. Have him leave his present denture out for from several days to weeks until the tissue under it becomes as near normal as possible. Then make him a tooth and tissue-born partial with palatal bar and four clasps with strong spoon-shaped occlusal rests that will cause the teeth to receive most of the stress of mastication directed occlusally, not laterally. Either all gold, or chromium alloy or metal with acrylic saddles should be satisfactory.—V. C. SMEDLEY

Infection

Q.—I extracted a lower right second deciduous molar for a 7-year-old boy. This tooth was abscessed but came out clean. About seven weeks later this boy came in with a swollen jaw where the tooth was extracted. There was a large round black protrusion, which I opened and irrigated with an antiseptic solution, and found an opening in the jaw about the size of a small marble. His parents said he had not complained of any pain until the last few days. I filled the cavity with penicillin paste mixed with sulfanilamide and terramycin. Two days later when they came in there was no swelling or pain, so I filled the cavity with the same drug.

This is my first experience with a case of this kind in forty-nine years of practice.

Will you please tell me the best treatment to restore the bone in the cavity? I am enclosing an x-ray of the area, and it looks like a new tooth has started to form. This part of the tooth seems a little loose in the cavity. Any information you give me will be appreciated—R.O.S., Colorado.

A.—Judging from the response you gained from the antibiotics used, it would appear you were dealing with an acute or subacute infection. However, the possibility of a cyst should not be overlooked.

Assuming this was an infectious process, recovery should continue (and ultimate bone repair also) through irrigations and a dressing such as a zinc oxide-eugenol-petro-

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DOCTOR . . .

Continuing Studies Confirm GARDOL'S* EFFECTIVENESS In Caries Control

RECORD TO DATE

Following Use of Colgate Dental Cream containing Sodium N-Lauroyl Sarcosinate*

TRIALS**	AGE GROUP	GEOGRAPHICAL LOCATION	RESULTS—% REDUCTION IN NEW DF SURFACES	
			DURING 1ST YEAR	DURING 2ND YEAR
1	ADULTS	SOUTH	46%	38%
2	ADULTS	SOUTH	63%	66%
3	ADULTS	MIDWEST	54%	71%
4	ADULTS	MIDWEST	58%	0%
5	CHILDREN	WEST COAST	45%	43%

CONCLUSION: The results shown above support the view that the regular use of Colgate Dental Cream will materially assist your patients in their personal efforts to combat tooth decay.

Significantly, these results—based on several two-year clinical studies—were consistent and free of all adverse side effects. They involved both adults and children in a wide variety of geographical locations.

*Gardol Is Colgate's Trade-Mark For Sodium N-Lauroyl Sarcosinate. This ingredient in Colgate Dental Cream is safe for children of all ages since it does not stain teeth or endanger developing tooth enamel.

**Detailed information available upon request.

Colgate-Palmolive Company, 300 Park Avenue, New York 22, N.Y.

latum paste on an iodoform gauze pack or wick (requiring a progressively smaller dressing as the wound area fills in.) If the follicle (sac) of the permanent tooth is involved the sac and tooth may, of course, be lost later. In the meantime x-ray pictures as well as the clinical picture should indicate bone repair, and the space should be maintained for the hoped for eruption of the second bicuspid seen in your x-ray.—R. O. TOBIASON

Imbedded Amalgam

Q.—I have a patient about 50, wearing a partial lower denture, with a piece of amalgam inbedded in the lower alveolar process. She has had an attack of arthritis, and her physician recommends removal of the fragment. I am rather reluctant to do so. There is no evidence of disease, as you can see from the roentgenogram. Also, no local irritation.

What is your recommendation?—D.J.P., Nebraska.

A.—I agree with you that this imbedded fragment of amalgam could have no possibility of being a causative factor of arthritis. But if this patient and her physician would be made happier by having it removed, it should be a simple operation to perform.—V. C. SMEDLEY

Capping

Q.—I have capped the pulp on a lower right second molar with calcium hydroxide. Over this I used a mixture of eugenol, 1 drop; cement liquid, 1 drop; and a zinc cement-silver alloy restoration was placed immediately after the base hardened, and the patient was dismissed. I also used mandibular injection.

The patient has not had any trouble

(*Continued on page* 64)

The wave of concern that swept the profession following highly publicized reports on the biological effects of radiation has prompted many dentists to buy very high speed films in the attempt to reduce radiation exposure to patients and themselves. Unfortunately, however, many thousands of the older but still serviceable x-ray machines in offices everywhere, were **not** designed for use with the fastest x-ray films now on the market, and cannot be limited to such small fractions of seconds to properly expose them.

Because it is most desirable to keep radiation as low as possible with existing equipment, we suggest that **Minimax Extra Fast** films deserve your most thoughtful consideration. Using Minimax films and your present equipment, **you can keep radiation exposure well within the limits of safety and still obtain radiographs of completely dependable diagnostic quality!**

Minimax EXTRA FAST X-Ray Films

assure maximum results with the least radiation . . . and are recommended for use with your present equipment whether it is of the latest design or still in use after years of service.

Exposure factors: 65KvP.; 10 Ma.; 8 inch tube to film distance.

Periapical examination: adult molar region, 1 second; lower centrals, ½ second. Children: molar region, ½ second; lower centrals, ¼ second. Bitewing examination, ¾ second.

With the newer, 90KvP., 15 Ma., equipment only ⅓ the above stated exposure time is required.

If you are economy minded, as well as quality minded, ask your dealer for his price on Minimax films. You are in for a pleasant, money-saving surprise.

SINGLES for 1 radiograph of a desired area.

DOUBLES for 2 identical radiographs of the same area.

CHILDREN'S "O" SIZE (⅞" x 1⅜") 1 film per package.

BITEWING — Posterior Type 3 (1¼" x 2⅛") One film per package made with an ideal size wing for patient to bite and hold in position.

THE MINIMAX CO. 5905 N. Clark Street, Chicago 26, Illinois

Export Sales: The Minimax Exporters, 136 W. 52nd St., New York 19, U.S.A.

with the tooth. But he has had a hissing noise in the right ear, and his hearing has been impaired. A specialist has told him that the tooth would not cause the annoyance. They think it may be coming from a light hemorrhage that happened just at that time. Some layman has told him it is coming from the tooth. I have never heard of this. Could you please give me a suggestion? —W.A.I., North Carolina.

A.—If this tooth after capping two months ago, now responds normally to vitality tests as well as being comfortable and serviceable, it is certainly unwise to blame the tooth for loss of hearing or hissing sounds in the ear.

We prefer capping an exposure such as you describe with a dusting of dry calcium hydroxide powder, than filling the deep portion of the cavity with sedative cement and pulp protector, over which the amalgam can be placed in four to ten minutes.

I have never heard of mixing oxide of zinc cement with a mixture of eugenol and phosphoric acid (ordinary cement liquid), but if I read your letter correctly that is what you did. Since the tooth is now normal and comfortable it must have served your purpose in this case.—V. C. SMEDLEY

NOTICE

When you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

LAFFODONTIA

"Did you ever attend a school for stuttering?"

"N-no, I j-j-just p-picked it up."

* * *

Doctor—"Did your wife say anything before she died?"

The Widower—"Yes she talked uninterruptedly for fifty years."

* * *

Fellows who drive with one hand on the wheel are usually headed for the church. Some of them will walk down, others will be carried.

* * *

Instructor: "I suppose you wish I were dead so you could spit on my grave?"

Student: "Not me, I hate to stand in line."

* * *

And then there was the freshman who thought a trephone was a telephone attached to a tree.

* * *

She: "Why did you park here when there are nicer places farther on?"

He: "I'm the impatient type. With me, this is a case of love at first site."

* * *

An Arab furtively stepped on a scale
Near the end of a lingering day;
A counterfeit coin he dropped in the slot
And silently stole a weigh.

* * *

A bricklayer working on top of a building accidentally dropped a brick squarely on the head of a dental student walking below.

"You'd better be careful up there," said the student. "You just spoiled my bite."

* * *

He was at work with a saw and hammer when his neighbor came over.

"How's the wife?" he asked.

"Pretty sick."

"That her coughin'?"

"No—this is a dog house."

* * *

Tradition is what schools get when they don't want to build new buildings.

* * *

Students are like blotters, they absorb what the instructor says, but they get it backwards.

* * *

Family doctor: "I know how much you wanted a boy, so I'm sorry to tell you it's a girl."

New father: "Oh, that's all right Doc—a girl was my second choice."

* * *

Last night when all the stars were lit,
Pa went out to stroll a bit,
When Pa came home, Ma had a fit,
The stars were gone and Pa was lit.

* * *

Ed: "Give me a cigarette, Joe."

Joe: "I thought you had quit smoking."

Ed: "Well, I got to the first stage. I've quit buying."

* * *

A self-styled reformer was watching a trench being dug with modern machine methods. He said to the superintendent:

"This machine has taken jobs from scores of men. Why don't you junk it and put 100 men in that ditch with shovels?"

The superintendent snorted: "Better still, why not put 1,000 men in there with teaspoons?"

* * *

When Noah sailed the waters blue,
He had his troubles, same as you.
For forty days he drove his ark,
Before he found a place to park.